Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF GEORGIA

Case number *(if known)* ______________ Chapter **11**

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals,* is available.

1.	**Debtor's name**	**Fairhope Health & Rehab, LLC**
2.	**All other names debtor used in the last 8 years** Include any assumed names, trade names and *doing business as* names	
3.	**Debtor's federal Employer Identification Number** (EIN)	**27-0804728**
4.	**Debtor's address**	**Principal place of business** **108 South Church Street** **Fairhope, AL 36532** Number, Street, City, State & ZIP Code **Monroe** County **Mailing address, if different from principal place of business** **PO Box 1277** **Forsyth, GA 31029** P.O. Box, Number, Street, City, State & ZIP Code **Location of principal assets, if different from principal place of business** Number, Street, City, State & ZIP Code
5.	**Debtor's website** (URL)	
6.	**Type of debtor**	■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) ☐ Partnership (excluding LLP) ☐ Other. Specify:

7. Describe debtor's business

A. *Check one:*

- ■ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See http://www.uscourts.gov/four-digit-national-association-naics-codes.

____

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ■ Chapter 11. *Check all that apply*:
  - ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
  - ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
  - ☐ A plan is being filed with this petition.
  - ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
  - ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
  - ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

- ■ No.
- ☐ Yes.

District ______ When ______ Case number ______
District ______ When ______ Case number ______

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list

- ☐ No
- ■ Yes.

Debtor **See Attachment** Relationship ______
District ______ When ______ Case number, if known ______

Debtor **Fairhope Health & Rehab, LLC** Case number (*if known*)
Name

11. Why is the case filed in *this district?*

Check all that apply:

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ■ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ■ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
  What is the hazard?
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency
  Contact name
  Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ■ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49	☐ 1,000-5,000	☐ 25,001-50,000
■ 50-99	☐ 5001-10,000	☐ 50,001-100,000
☐ 100-199	☐ 10,001-25,000	☐ More than100,000
☐ 200-999		

15. Estimated Assets

☐ $0 - $50,000	☐ $1,000,001 - $10 million	☐ $500,000,001 - $1 billion
☐ $50,001 - $100,000	☐ $10,000,001 - $50 million	☐ $1,000,000,001 - $10 billion
☐ $100,001 - $500,000	☐ $50,000,001 - $100 million	☐ $10,000,000,001 - $50 billion
■ $500,001 - $1 million	☐ $100,000,001 - $500 million	☐ More than $50 billion

16. Estimated liabilities

☐ $0 - $50,000	■ $1,000,001 - $10 million	☐ $500,000,001 - $1 billion
☐ $50,001 - $100,000	☐ $10,000,001 - $50 million	☐ $1,000,000,001 - $10 billion
☐ $100,001 - $500,000	☐ $50,000,001 - $100 million	☐ $10,000,000,001 - $50 billion
☐ $500,001 - $1 million	☐ $100,000,001 - $500 million	☐ More than $50 billion

Debtor **Fairhope Health & Rehab, LLC** Case number (*if known*)
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 20, 2017**
MM / DD / YYYY

X **/s/ Michael E. Wingate, Sr.**
Signature of authorized representative of debtor

Michael E. Wingate, Sr.
Printed name

Title **Managing Member**

18. Signature of attorney

X **/s/ Wesley J. Boyer**
Signature of attorney for debtor

Date **July 20, 2017**
MM / DD / YYYY

Wesley J. Boyer
Printed name

Boyer Law Firm, L.L.C.
Firm name

348 Cotton Avenue, Suite 200
Macon, GA 31201
Number, Street, City, State & ZIP Code

Contact phone **(478) 742-6481** Email address **Wes@WesleyJBoyer.com**

073126
Bar number and State

Debtor **Fairhope Health & Rehab, LLC** Case number (*if known*)
Name

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF GEORGIA

Case number *(if known)* Chapter **11**

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

Debtor	**Chandler Health & Rehab Center, LLC**			Relationship to you	**Affiliate**
District	**Middle District of Georgia**	When		Case number, if known	
Debtor	**Gordon Oaks at Greystoke, LLC**			Relationship to you	**Affiliate**
District	**Middle District of Georgia**	When	**7/12/17**	Case number, if known	**17-51472**
Debtor	**Meadowbrook Extended Care, LLC**			Relationship to you	**Affiliate**
District	**Middle District of Georgia**	When		Case number, if known	
Debtor	**Porter Field health & Rehab Center, LLC**			Relationship to you	**Affiliate**
District	**Middle District of Georgia**	When	**6/27/17**	Case number, if known	**17-51362**
Debtor	**Ridgeview Extended Care, LLC**			Relationship to you	**Affiliate**
District	**Middle District of Georgia**	When		Case number, if known	

Fill in this information to identify the case:

Debtor name **Fairhope Health & Rehab, LLC**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) ______________

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors 12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule* ______________
- ■ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration ______________

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 20, 2017**

X **/s/ Michael E. Wingate, Sr.**
Signature of individual signing on behalf of debtor

Michael E. Wingate, Sr.
Printed name

Managing Member
Position or relationship to debtor

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Fill in this information to identify the case:

Debtor name **Fairhope Health & Rehab, LLC**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF GEORGIA**

Case number (if known):

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alabama Department of Revenue PO Box 327431 Montgomery, AL 36132-7431						**$21,135.28**
Aseracare Hospice 708 West Laurel Foley, AL 36535						**$14,685.76**
Baptist Healthcare PO Box 17106 Pensacola, FL 32522-7106						**$7,091.24**
C. Ross Insurance (BCBS)						**$221,256.53**
C. Ross Sunlife						**$7,485.66**
CPCIC SlectComp c/o OccuSure Claim Services 830 Crescent Centre Drive, Suite 220 Franklin, TN 37067						**$34,856.46**
Curaspan Health Group, Inc. PO Box 122869 Dallas, TX 75312-2869						**$4,200.00**
Earley Air Control, Inc. 8042 Wards Lane Semmes, AL 36575						**$5,960.00**
Farmers Bank		**941 taxes**				**$479,928.37**

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Debtor **Fairhope Health & Rehab, LLC**
Name

Case number *(if known)*

Name of creditor and complete mailing address, including zip code	**Name, telephone number and email address of creditor contact**	**Nature of claim** (for example, trade debts, bank loans, professional services,	**Indicate if claim is contingent, unliquidated, or disputed**	**Amount of claim** If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	**Deduction for value of collateral or setoff**	**Unsecured claim**
First Choice Medical Supply PO Box 3608 Jackson, MS 39207						**$61,225.22**
Great American Insurance Co. Specialty Accounting PO Box 89400 Cleveland, OH 44101-6400						**$4,297.06**
Independent Practice Management, Inc. 3737 Government Blvd, Ste 408 Mobile, AL 36693						**$5,000.00**
Management & Network Services 4892 Blazer Parkway Dublin, OH 43017						**$9,000.00**
Management Fee (C. Ross)						**$655,700.00**
McKesson Empowering Healthcare Attn: Accounts Receivable PO Box 630693 Cincinnati, OH 45263-0693						**$6,204.03**
McKesson Medical Surgical Minnesota Supp Attn: Larry Little PO Box 634404 Cincinnati, OH 45263-4404						**$8,569.95**
Merchants Foodservice Attn: Skipper Nelson PO Box 1351 Hattiesburg, MS 39403-1351						**$26,553.96**
Omnicare, Inc. Dept. 781668 PO Box 78000 Detroit, MI 48278-1668						**$16,948.75**

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Debtor **Fairhope Health & Rehab, LLC** Case number *(if known)*
Name

Name of creditor and complete mailing address, including zip code	**Name, telephone number and email address of creditor contact**	**Nature of claim** (for example, trade debts, bank loans, professional services,	**Indicate if claim is contingent, unliquidated, or disputed**	**Amount of claim** If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	**Deduction for value of collateral or setoff**	**Unsecured claim**
Pharmerica PO Box 409251 Atlanta, GA 30384-9251						**$87,638.91**
Rivoli Mutual Insurance Company						**$36,648.34**

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United States Bankruptcy Court
Middle District of Georgia

In re **Fairhope Health & Rehab, LLC** Debtor(s)

Case No.
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **July 20, 2017**

/s/ Michael E. Wingate, Sr.
Michael E. Wingate, Sr./Managing Member
Signer/Title

Airgas South, Inc.
PO box 532609
Atlanta, GA 30353-2609

Alabama Department of Revenue
PO Box 327431
Montgomery, AL 36132-7431

Alabama Media Group
PO Box 905924
Charlotte, NC 28290-5924

Alabama Orthopaedic Sports Medicine
27961 US Highway 98, Suite 17
Daphne, AL 36526-4725

Arrow Exterminators
PO Box 417
Foley, AL 36536-0417

Arthritis Care of Eastern Shore
3 Medical Park Drive
Fairhope, AL 36532

Aseracare Hospice
708 West Laurel
Foley, AL 36535

Baldwin Bone & Joint
1505 Daphne Avenue
Daphne, AL 36526

Baldwin County Revenue Commissioner
PO Box 538517
Atlanta, GA 30353-8517

Baptist Healthcare
PO Box 17106
Pensacola, FL 32522-7106

Bayside Orthopaedic Rehab Center
PO Box 1186
Fairhope, AL 36533

Borden Dairy Co. of Al.
PO Box 972431
Dallas, TX 75397-2431

Briggs
PO Box 1355
Des Moines, IA 50305-1355

C. Ross Insurance (BCBS)

C. Ross Sunlife

CareServ Technologies
4080 McGinnis Ferry Road, Suite 301
Alpharetta, GA 30005

Coastal Therapeutics, Inc.
1234 Hillcrest Road, Suite C
Mobile, AL 36695

CPCIC SlectComp
c/o OccuSure Claim Services
830 Crescent Centre Drive, Suite 220
Franklin, TN 37067

CTVSAPC
1855 Springhill Avenue
Mobile, AL 36607-2301

Curaspan Health Group, Inc.
PO Box 122869
Dallas, TX 75312-2869

Dream Green Service, LLC
420 Odell Industrial Way
Griffin, GA 30224

Earley Air Control, Inc.
8042 Wards Lane
Semmes, AL 36575

Earthgrains Baking Co's, Inc.
PO Box 842437
Boston, MA 02284-2437

Eastern Shore Heart Center
19725 South Greeno Road
Fairhope, AL 36532

Ecolab, Inc.
PO Box 32027
New York, NY 10087-2027

Farmers Bank

First Choice Medical Supply
PO Box 3608
Jackson, MS 39207

Great American Insurance Co.
Specialty Accounting
PO Box 89400
Cleveland, OH 44101-6400

Gulf Health Hospitals, Inc.
d/b/a Thomas Hospital
PO Box 2144
Mobile, AL 36652

Independent Practice Management, Inc.
3737 Government Blvd, Ste 408
Mobile, AL 36693

Information On Demand, Inc.
PO Box 757
Blairsville, GA 30514

Kone, Inc.
PO Box 7247
Philadelphia, PA 19170-6082

Lifeguard Ambulance Service
PO Box 190007
Birmingham, AL 35219-0007

Macon Office Supplies
139-B Woodfield Drive
Macon, GA 31210

Management & Network Services
4892 Blazer Parkway
Dublin, OH 43017

Management Fee (C. Ross)

McKesson Empowering Healthcare
Attn: Accounts Receivable
PO Box 630693
Cincinnati, OH 45263-0693

McKesson Medical Surgical Minnesota Supp
Attn: Larry Little
PO Box 634404
Cincinnati, OH 45263-4404

Medical Disposal Systems
PO Box 161417
Altamonte Springs, FL 32716

Medstar Emergency Medical Services, LLC
PO box 700
Foley, AL 36535

Merchants Foodservice
Attn: Skipper Nelson
PO Box 1351
Hattiesburg, MS 39403-1351

Michael L. Reeves, M.D.
PO Box 146
Fairhope, AL 36533

MobilexUSA
Attn: Natashia Holey, Cust. Rep.
PO Box 17462
Baltimore, MD 21297-0518

Omnicare, Inc.
Dept. 781668
PO Box 78000
Detroit, MI 48278-1668

Optima Healthcare Solutions
PO Box 531734
Atlanta, GA 30353-1734

Pentec Health, Inc.
PO Box 673660
Detroit, MI 48267-3660

Pharmerica
PO Box 409251
Atlanta, GA 30384-9251

Rivoli Mutual Insurance Company

Sabrina Agee
108 South Church Street
Fairhope, AL 36532

Southeastern Biocommunication Associates
Attn: Veda cochran
1678 Montgomery Hwy #104
PMB 180
Hoover, AL 35216

Southern Central Supply & Rental Eqpmnt
555 Old Popes Ferry Road
Juliette, GA 31046

Southern Historical News, Inc.
PO Box 1068
Hiram, GA 30141

Supreme Care, Inc.
322 S. 6th Street
Griffin, GA 30224

Taylor Power System
Attn: Kathy Coward
Clinton, MS 39056

VSC Fire & Security, Inc.
10343-B Kings Acres Road
Ashland, VA 23005

Waste Management of AL-Mobile
PO Box 9001054
Louisville, KY 40290-1054